



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

| | | | |
|---|-----------|------------|-----------|
| PART I LOBBYIST | | | |
| NAME(Last) | (First) | (Middle) | TELEPHONE |
| Santiago | Alexander | Chung | 383-9032 |
| MAILING ADDRESS (Street) | | | FAX |
| P.O. Box 327 | | | |
| (City) | (State) | (Zip Code) | |
| Waianae | Hi | 96792 | |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) | | | TELEPHONE |
| | | | |
| MAILING ADDRESS (Street) | | | FAX |
| | | | |
| (City) | (State) | (Zip Code) | |

| | | |
|--|---------|---------------|
| PART II ORGANIZATION | | |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) | | TELEPHONE |
| Adult Foster Home Association of Hawaii | | (808) 6770883 |
| MAILING ADDRESS (Street) | | FAX |
| P.O. Box 970092 | | (808) 6770883 |
| (City) | (State) | (Zip Code) |
| Waipahu, Hawaii | | 96797 |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT | | TELEPHONE |
| Josephine Domingo | | (808) 6897145 |
| MAILING ADDRESS (Street) | | FAX |
| P.O. Box 970092 | | |
| (City) | (State) | (Zip Code) |
| Waipahu, Hawaii | | 96797 |

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

✓ Education

✓ Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public Utilities✓ Government Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

✓ Consumer Protection &
Commerce

Hawaiian Affairs

✓ Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

✓ Health

Planning, Land & Water
Use ManagementOther: (indicate below)

_____Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*Alexander C. Parodiago
(Signature of Lobbyist)1/20/06
(Date)**PART V AUTHORIZATION TO LOBBY**

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Ruth EV Agbayani, President

NAME OF ORGANIZATION (if applicable)

Adult Foster Home Association of Hawaii

TELEPHONE

(808) 6770883

MAILING ADDRESS (Street)

P.O. Box 970092

FAX

(808) 6770883

(City)

(State)

(Zip Code)

Waipahu, Hawaii 96797*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*[Signature]
(Signature of Authorizing Officer or Person Represented)1/20/2006
(Date)